Docket No.:

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

	D	ECLARATI	ON AND	POWER	OF ATTOI	RNEY	
My resider	nce, post office a ieve I am the ori below) of the su	bject matter which	ship are as sta inventor (if o is claimed an	nly one name is d for which a p	s listed below) or	an original, firs	t and joint inventor (if plural entitled:
described and claime							
Check one	-						
*a. 🔼 b. 🔲	attached hereto	•	as Applica	ation No	· · · · · · · · · · · · · · · · · · ·	and amended o	n (if applicable).
by any amendment re	ferred to above						ding the claims, as amended
I acknowle of Federal Regulation	edge the duty to ns, §1.56.	disclose to the Off					as defined in Title 37, Code
Under Tit application(s) filed w	le 35, U.S. Co oithin one year p	de §119, the prior to this applicate	ority benefits tion are hereby	of the following claimed:	ng foreign appl	ication(s) and/o	r United States provisional
Japanese Patent A	oplication No. 2	2000-387906 filed	December 2	0, 2000			
The follow America either (a) n and/or United States	nore than one ye	ar prior to this ap	ventor's certifi plication, or (icate on this inv b) before the f	vention were file iling date of the	d in countries fo above-named fo	reign to the United States of oreign priority application(s)
I hereby a to transact all busine	ss in the Patent Ja Ki Ed	ving as my attorner Office: unes A. Oliff, Reg rk M. Hudson, R ward P. Walker, Costantino, Re	g. No. 27,075; leg. No. 27,56 Reg. No. 31,	; William P. B 52; Thomas J. 450; Robert A	erridge, Reg. N Pardini, Reg. N A. Miller, Reg. N	o. 30,024; No. 30,411; No. 32,771;	prosecute this application and
ALL CORRESPO PLC, P.O. BOX 19	ONDENCE IN 1928, ALEXAN	CONNECTION IDRIA, VIRGIN	WITH THIS IA 22320, TE	S APPLICAT LEPHONE (TON SHOULI 703) 836-6400.	BE SENT T	O OLIFF & BERRIDGE,
knowledge are true	and that all states	ments made on info ments and the like	ormation and b so made are p	elief are believe unishable by fir	ed to be true; and ne or imprisonm	l further that the ent, or both, und	nents made herein of my own se statements were made with the section 1001 of Title 18 of the statement issued thereon.
Typewritten Full Nan		17.	ouichi				ODA
of First or Sole Inver	tor_		en Name		Middle I	nitial	Family Name
**Inventor's Signature	: :	Kowie					Oda
**Date of Signature:	•			Decembe	er 7, 2001		
	•		Month			Day	Year
Residence:		Kariya-shi			Aichi-pref.		JAPAN
Citizenship:	Japanese	City			State or Provin	uce	Country
*	Post Office	Address:	oyoda Bosho	ku Corporatio	o n		

including country)

1-banchi, 1-chome, Toyoda-cho, Kariya-shi, Aichi-pref., 448-8651 Japan

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

(Insert complete mailing address,

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

10/96

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

Typewritten Full Name		Minoru		HONDA			
of Second Joint Inventor (if any)		Given Name	Middle Initial	Family Name			
	Dan:		William Initia	Honda			
**Inventor's Signature:		roru		710000			
**Date of Signature:			ember 7, 2001				
		Month	Day	Year JAPAN			
Residence:	Kariya-sl	ni	Aichi-pref. State or Province	Country			
	City		State of Province	Coming			
Citizenship:	Japanese						
	Post Office Address:	c/o Toyoda Boshoku Co	moration				
	(Insert complete mailing address,						
	including country) 1-banchi, 1-chome, Toyoda-cho, Kariya-shi, Aichi-pref., 448-8651 Ja						
Typewritten Full Nam	e e						
of Third Joint Invento		Takanari		Takagaki			
	,	Given Name	Middle Initial	Family Name			
**Inventor's Signature:	Jak	anari		takagaki			
**Date of Signature:		Dec	cember 7, 2001				
	Month		Day	Year			
Residence:	Kariya-sh	ni	Aichi-pref.	JAPAN			
Citizenship:	City		State or Province	Country			
Citizenship:	_						
Lie Cite Cite Cite Cite Cite Cite Cite Ci	Japanese Post Office Address:						
The control of the co	(Insert complete	c/o Toyoda Boshoku Co	orporation				
	mailing address,						
100 m	including country)	1-banchi, 1-chome, Toy	oda-cho, Kariya-shi, Aichi-pref., 4	48-8651 Japan			
Typewritten Full Nam							
of Fourth Joint Inven	tor (if any)						
		Given Name	Middle Initial	Family Name			
**Inventor's Signature	:						
=**Date of Signature:		_					
		Month	Day	Year			
Residence:							
Kesucire.	City		State or Province	Country			
Citizenship:							
	Post Office Address:						
	(Insert complete						
	mailing address,						
	including country)						
Typewritten Full Nan	ne						
of Fifth Joint Invento	or (if any)						
		Given Name	Middle Initial	Family Name			
**Inventor's Signature							
445							
**Date of Signature:	<u> </u>	Month	Day	Year			
		Monut	Duy				
Residence:	—		State or Province	Country			
	City		Mate of Province	County			
Citizenship:							
Post Off	ice Address:						
	(Insert complete mailing address,						
	including country)						
	J ,						

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.